

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Mail Stop: RCE
P.O. Box 1450
Alexandria, Virginia 22313-1450

| | |
|---------------------------|------------------------------|
| Application Number | 09/853,323 |
| Filing Date | May 10, 2001 |
| First Named Inventor | Takeshi (nmi) Hoshida et al. |
| Art Unit Confirmation No. | 2613 5870 |
| Examiner Name | Agustin Bello |
| Attorney Docket Number | 064731.0183 |

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ **Enclosed**
- i. ☒ **Amendment/Reply**
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. **Miscellaneous**


- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ **The Director is hereby authorized to charge \$810.00 and/or credit any overpayments to Deposit Account No. 02-0384.**
- i. ☒ **RCE fee required under 37 C.F.R. 1.17(e) \$810.00**
- ii. ☐ Extension of time fee
- iii. ☐ Other _____

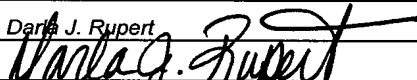
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|---------------------|---|-----------------------------------|-----------------|
| Name (Print / Type) | Brian W. Oaks | Registration No. (Attorney/Agent) | 44,981 |
| Signature |  | Date | January 8, 2008 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being transmitted with the United States Patent and Trademark Office via electronic filing under 37 C.F.R. § 1.10 on the date indicated below and is addressed to Commission For Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, Virginia 22313-1450.

| | | | |
|---------------------|---|------|-----------------|
| Name (Print / Type) | Darla J. Rupert | Date | January 8, 2008 |
| Signature |  | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.